

COUNTY OF BURLINGTON  
49 Rancocas Road  
Mt. Holly, New Jersey 08060

Department of Human Resources  
(609) 265-5371

Federal ID No. 21-6000107

AUTHORIZATION AGREEMENT  
AUTOMATIC PAYROLL DEPOSIT  
(ACH CREDITS)

I (we) hereby authorize The County of Burlington, hereinafter called COUNTY, to initiate credit entries and, if necessary, debit entries and adjustments for any credits posted in error to my (our) account indicated below. The depository named below, hereinafter called DEPOSITORY, is also authorized to credit and/or debit same in the account specified.

DEPOSITORY (Your Financial Institution):

ACCOUNT #1  
BANK NAME \_\_\_\_\_ TRANSIT/ABA No. \_\_\_\_\_  
CITY \_\_\_\_\_ ACCOUNT No. \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT TYPE CHECKING SAVINGS  
AMOUNT \$ \_\_\_\_\_ OR BALANCE \_\_\_\_\_

ACCOUNT #2  
BANK NAME \_\_\_\_\_ TRANSIT/ABA No. \_\_\_\_\_  
CITY \_\_\_\_\_ ACCOUNT No. \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT TYPE CHECKING SAVINGS  
AMOUNT \$ \_\_\_\_\_ OR BALANCE \_\_\_\_\_

ACCOUNT #3  
BANK NAME \_\_\_\_\_ TRANSIT/ABA No. \_\_\_\_\_  
CITY \_\_\_\_\_ ACCOUNT No. \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT TYPE CHECKING SAVINGS  
AMOUNT \$ \_\_\_\_\_ OR BALANCE \_\_\_\_\_

To insure that this information is entered into our payroll system as completely and accurately as possible, **PLEASE ATTACH A VOIDED OR PHOTOCOPY OF YOUR CHECK OR PREPRINTED ACCOUNT DOCUMENT FOR VERIFICATION.**  
This authority is to remain in full force and effect until the COUNTY has received written notification of its termination in such time and in such manner as to afford the COUNTY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature (Joint Owner)

\_\_\_\_\_  
Employee No.

\_\_\_\_\_  
Date